

Town

County

Town North East

County
Cecil

MARYLAND

Month Day
02 Nov 28

Age 65

Native of

Occupation

Male

White

Married

Widow

Discontinued

2001

Femate

Colored™

Single

Widower

Number of children living

3

Husband

of *Julia R. Armstrong*

Wife

Fether's

Name

Mother's

Maiden Name

Many clark

Cause of

Primary

Immediate

Death

How long sick

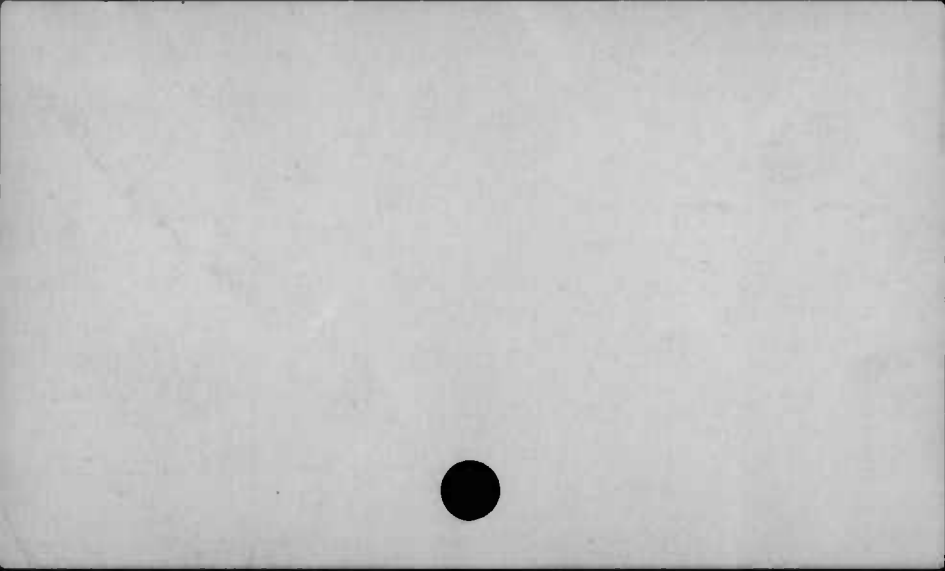
1 year

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Lucy Anne Bryan 3^d Dist-
 Died at *New Elkhart* Town *Cass* County MARYLAND

Date 1902 11th 22 Month Day Y. M. D. Native of Occupation
 Male White Married Widower Divorced
 Female Colored Single Widower Number of children living

Husband of
 Wife

Father's Name *Harry Bryan* Mother's Maiden Name *Mary Harlan* 151

Cause of Death { Primary Immediate *Malnutrition* How long sick 1 wk
 Accident Suicide Homicide

Reported by *H. Arthur Mitchell M.D.*
 Address *Elkhart*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Mr. Foster -

This is only
to show you ~~that~~
that I will sign
certificate for baby.
You will have to
forward me a
new certificate
to sign

Sincerely,

Albion Hatchell

11/22/02

Name
in
Full

William F. Cairn

7th Dist

194
CERTIFICATE OF DEATH

MARYLAND

Died at

Town
Pont-Depoit

County

ecil

Date

of death 1902

Month

Nov

Day

9

Age

Years

79

Months

Days

Sex

Male

Color or
Race

white

Birth-
place

Lynchburg
Pennsylvania

Married, Single
or Widowed

Widow

Occupation

Reinsured Saddle

Name of Wife or
Husband

No one here knows

Father's
Name

Deat- Know

Father's
Birthplace

Deat- Know

Mother's
Maiden Name

Mother's
Birthplace

Name of person giving
in formation

Miss Filler Brinker

How related
to deceased

has made his
home with her

CAUSES OF DEATH

Primary

Chronic Bright's disease

How long

6 months

Immediate

Uremia

How long

5 hours

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Lemuel H. Cox, M.D.

Address

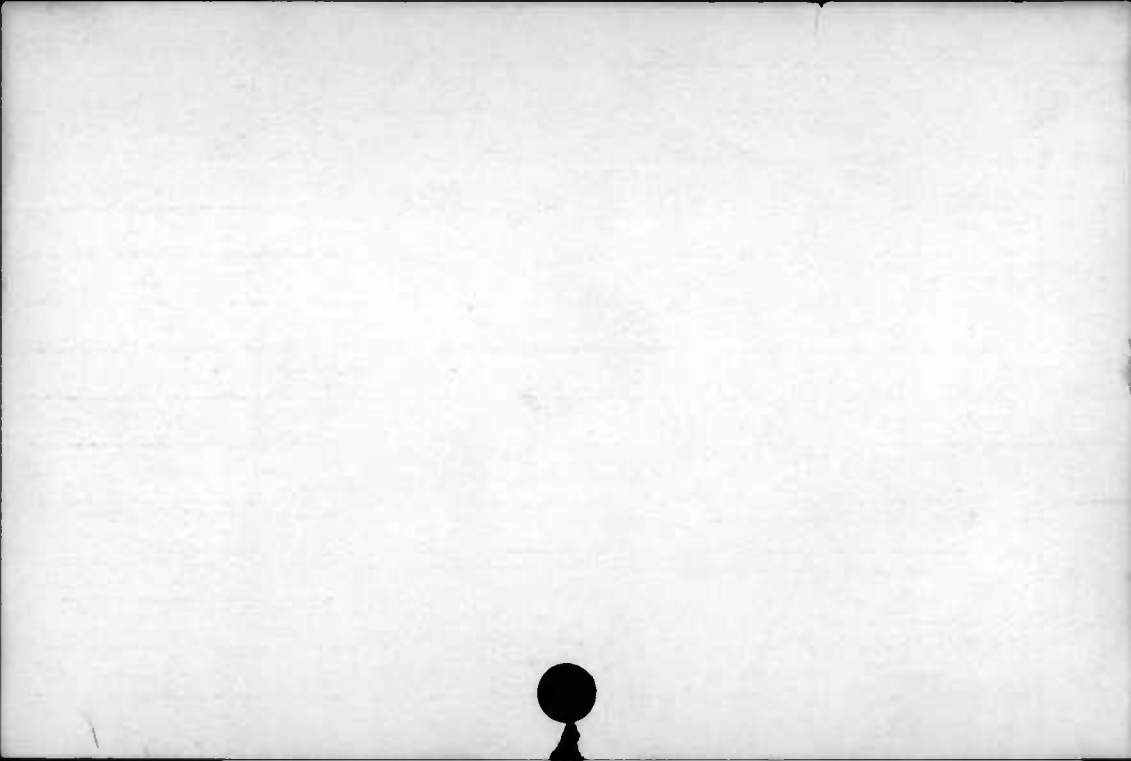
Pont-Depoit

Accident or Suicide?

Ind

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

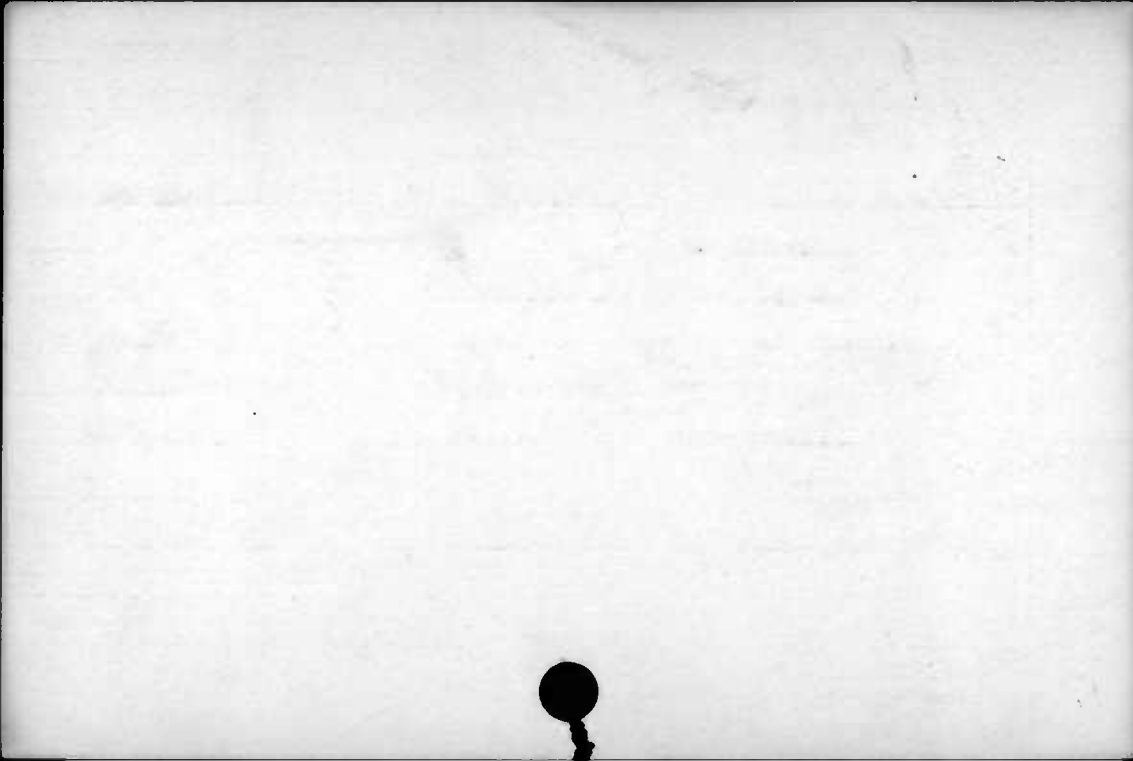
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mary E Campbell</i>		Town <i>Perryville</i>		County <i>Cecil</i>		MARYLAND	
Died at		Date of death 190 <i>2</i>		Month <i>Nov</i>	Day <i>12</i>	Years <i>29</i>	Months _____
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Cecil Co</i>			
Married, Single or Widowed <i>Married</i>		Occupation <i>Housewife</i>					
Name of Wife or Husband <i>Leon Campbell</i>							
Father's Name <i>Frank Stebbins</i>						Father's Birthplace	
Mother's Maiden Name <i>Elizabeth Poplar</i>						Mother's Birthplace	
Name of person giving information <i>Leon Campbell</i>						How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Puerperal Fever</i>	How long <i>10</i>	<i>Ten days</i>
Immediate	<i>Heart failure</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Geo. W. Stump</i>	
		Address <i>Perryville</i>	
Accident or Suicide?			



Name
in
Full

Addie E. Cornish

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Port Deposit

Town

Cecil

County

Date

of death 1902

Month

Nov.

Day

7

Age

Years

Months

1

Days

7

Sex

Female

Color or
Race

Colored

Birth-
place

Port Deposit

Married, Single
or Widowed

Single

Occupation

Name of Wife or
Husband

Florence Cornish

Father's
Name

Jerome Cornish

Father's
Birthplace

Port Deposit

Mother's
Maiden Name

Florence Hartshorn

Mother's
Birthplace

Port Deposit

Name of person giving
information

Florence Cornish

How related
to deceased

Mother

CAUSES OF DEATH

Primary

Cold in Breast.

How long

3 days

Immediate

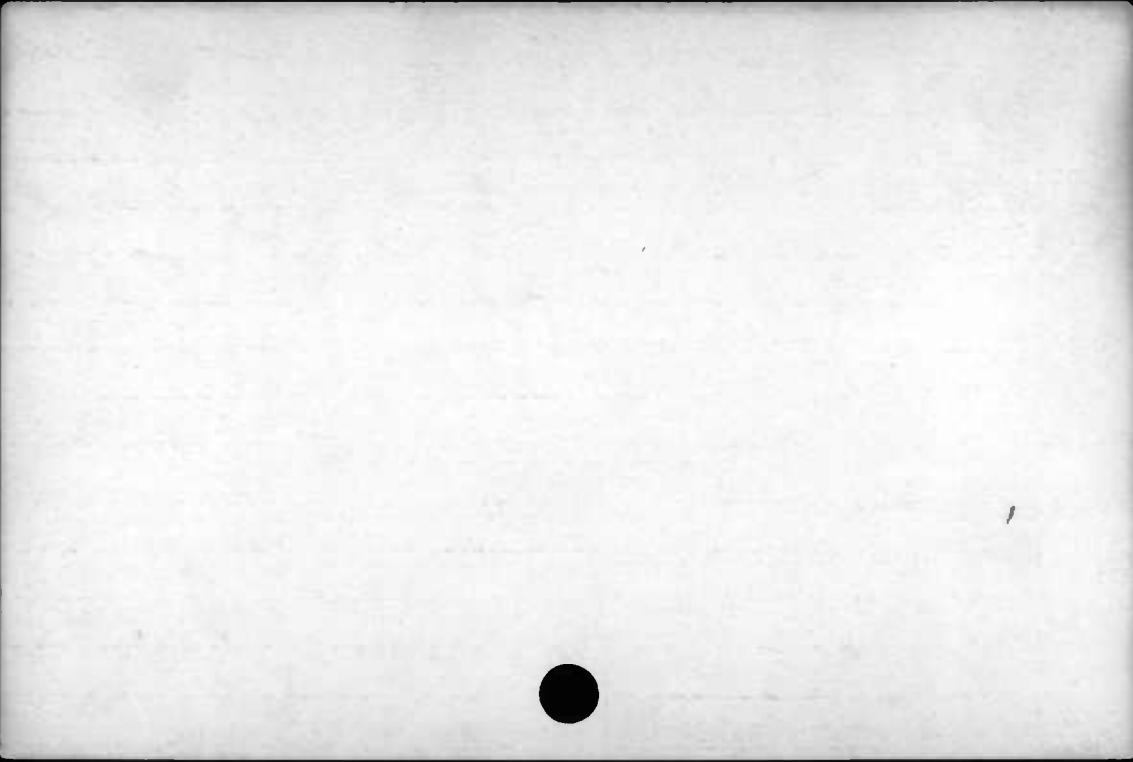
Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Jasiah Lewis
Undertaker

Accident or Suicide?

No Physician in attendance



Ransom R Crothers M.D.

Died at

Calmar 6th Dist County

MARYLAND

Date

1902

Month

11

Day

6

Age

Y.

M.

D.

57

Native of

Md

Occupation

Physician

Male

White

Married

Widow

~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

2

Husband

of

Fannie Christen

Wife

Father's

Name

Sephens Crothers

Mother's

Name

79

Potter

Cause of

Primary

Mitral Disease of heart

How long sick

Two weeks

Death

Immediate

Angina Pectoris

~~Accident, Suicide, Homicide~~

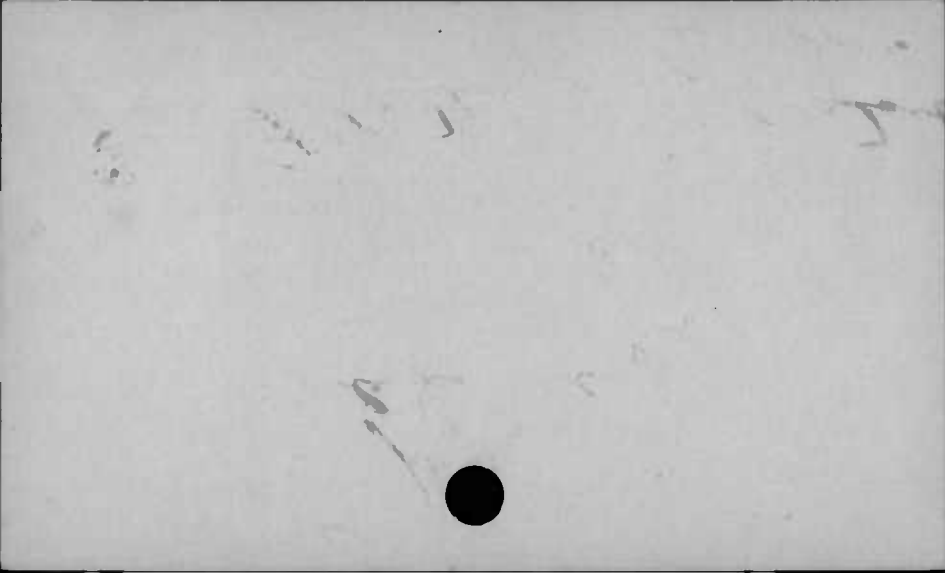
Reported by

John H. Janness M.D.

Address

Baltimore, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Full

Charles Donnelly

CERTIFICATE OF DEATH

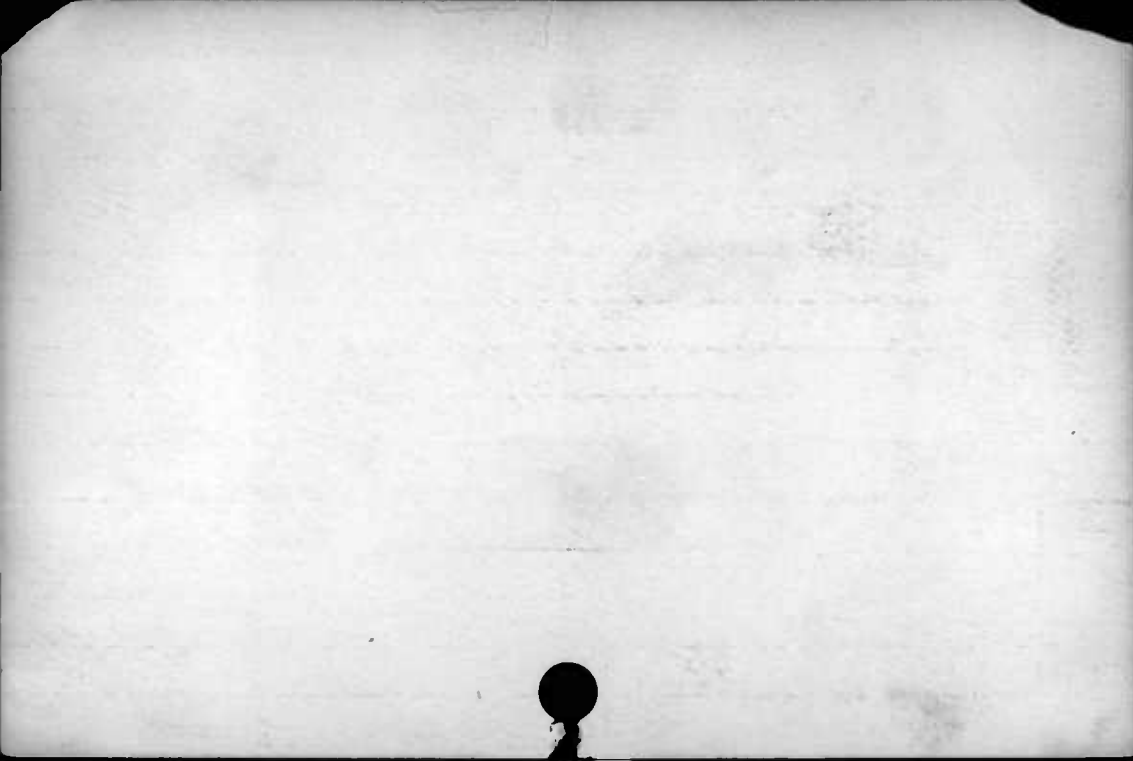
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Anyville</i> ^{Town}		<i>Beall</i> ^{County} <i>Co</i>		MARYLAND	
Date of death 190 <i>2</i> ^{Month}	<i>Nov</i> ^{Day}	<i>12</i> ^{Years}	Age <i>25</i> ?	Months	Days
Sex <i>male</i>	Color or Race <i>white</i>	Birth-place <i>Baltimore Md.</i>			
Married, Single or Widowed <i>Single</i>	Occupation <i>Ice dealer</i>				
Name of Wife or Husband					
Father's Name <i>Michael Donnelly</i>			Father's Birthplace <i>Ireland</i>		
Mother's Maiden Name <i>Anna Lynch</i>			Mother's Birthplace <i>Ireland</i>		
Name of person giving information <i>Wm. H. Doyle</i>			How related to deceased <i>Brother-in-law</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Fracture of base skull</i> <i>166</i>	How long
Immediate <i>Hemorrhage</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>Wm. D. Cawley, M.D.</i>
	Address <i>Clinton Md.</i>
Accident Other? <i>Accident-</i>	



Name in Full

Certificate of Death

Tone Emma Dawns.

Town

Cecilton

County

Cecil

MARYLAND

Died at

Date

1902

Month

Day

Nov 6

Y.

M.

D.

Age

34.11.

Native of

Ind.

Occupation

~~Male~~~~White~~

Married

~~Widow~~~~Divorced~~

Female

Colored

~~Single~~~~Widow~~

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Death

Immediate

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65958



Name in Full

Certificate of Death

Mrs. Birta J. Furgison

Town

County

6th Dist.

Died at

Colorado, Cecil County

MARYLAND

Date

1902 Nov. July 7th

Age 24

Y. M. D.

Native of

Occupation

Pennsylvania house wife

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Norman Furgison

Wife

Father's

Name

George E. H. Campion

Mother's

Name

Sarah J. Campion

Cause of

Primary

Tubercular Womb, 4 months

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

W. B. R. Jordan M.D. 29

Address

Liberty Grove

Cecil Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name In Full

Certificate of Death

Died at

Ralph H. Glover
 Town *Port Deposit* County *Cecil* MARYLAND
 Date *1902* *Nov.* *24* Y. *59* M. *D.* Name of *Ind* Occupation *Labourer*
 Male ~~Female~~ ~~White~~ ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ Divorced Number of children living

Husband

of *Elyse Ann Glover*
 Name *Joseph Glover* Mother's Name *Sarah Ann Glover*

Father's
 Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

How long sick

Prolonged
 Accident, Suicide, Homicide

Attended by Dr. _____

of _____

seen by Coroner _____

of _____

Information contained in this certificate re-
ceived from _____

of _____

Name in Full

Certificate of Death

Catherine Harman
 Town *Bald Friar* County *Cecil* *8th Dist*
 Died at *MARYLAND*
 Date *1907* Month *11* Day *23* Age *65*
 Y. M. D. Native of *U. S.* Occupation *Housewife*
~~Male~~ White Married ~~Widow~~
 Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living *8*

~~Husband~~ of *Benjamin Harman*
 Wife
 Father's Name *Borders Haller* Mother's Name *Elizabeth Haller*

Cause of Death { Primary
 Immediate *Apoplexy* *lat*
 How long sick *1 hour*
 Accident, Suicide, Homicide

Reported by *L. M. Rogan M.D.*

Address *Conowingo Md*

Must be signed by physician, if any in attendance, otherwise coroner, undertaker or minister.



Name
in
Full

Richard Hutchinson Jr.

CERTIFICATE OF DEATH

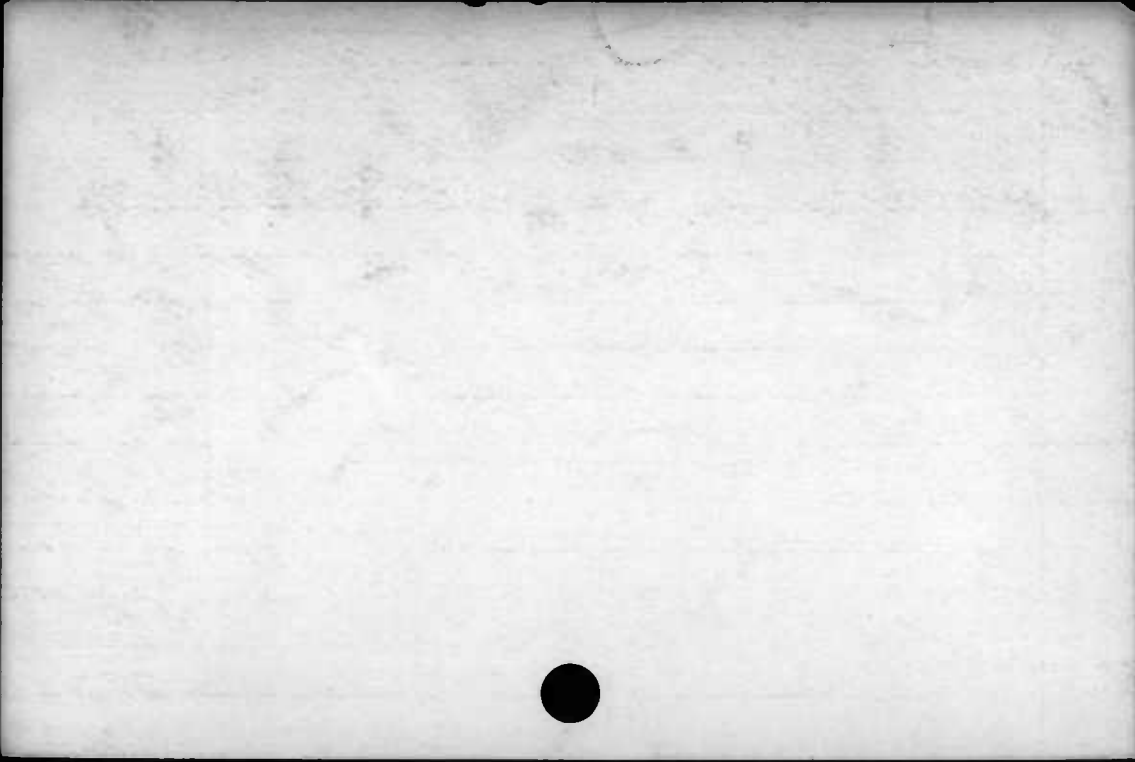
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Elkton</i> ^{Town}		<i>Cecil</i> ^{County}		MARYLAND	
Date of death 190 <i>2</i>	Month <i>Nov</i>	Day <i>23</i>	Age <i>42</i>	Months	Days
Sex <i>male</i>		Color or Race <i>Col.</i>		Birth-place <i>Elkton</i>	
Married, Single or Widowed <i>married</i>		Occupation <i>Barber</i>			
Name of Wife or Husband <i>Mattie Hutchinson</i>					
Father's Name <i>Richard Hutchinson</i>			Father's Birthplace		
Mother's Maiden Name <i>Mary E. Wilson</i>			Mother's Birthplace		
Name of person giving information <i>Frank Hutchinson</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Bright Disease</i>	How long	<i>100</i>
Immediate	<i>Heart failure</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes.</i>		<i>Wm. D. Cawley M.D.</i>	
		Address	
		<i>Elkton</i>	
Accident or Suicide?		<i>no.</i>	



Name
in
Full

Adda Jackson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Perryville</i> ^{Town}		<i>Cecil</i> ^{County}		MARYLAND	
Date of death 190 <i>2</i>	<i>July</i> ^{Month}	<i>22</i> ^{Day}	Age <i>28</i> ^{Years}	<i>—</i> ^{Months}	<i>—</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Cecil Co</i>		
Married, Single or Widowed <i>Married</i>			Occupation		
Name of Wife or Husband <i>W Scott Jackson</i>					
Father's Name <i>Lewis Todd</i>			Father's Birthplace <i>Cecil Co</i>		
Mother's Maiden Name <i>Margaret Abrams</i>			Mother's Birthplace <i>Cecil Co</i>		
Name of person giving information <i>W Scott Jackson</i>			How related to deceased <i>Husband</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>79</i>	How long
Immediate <i>Calculus Heart Disease</i>		How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Dr. M. Stump</i>	
	Address <i>Perryville</i>	
Accident or Suicide?		



Name in Full

Certificate of Death

Huldah Jones Headley Jones

Died at

Rising Sun 6th Dist Prince George's

MARYLAND

Date 19 02

Month

Day

Y.

M.

D.

Native of

Occupation

11 3

Age 76

Prince Housewife

Male

White

Married

Widow

~~Divorced~~

Female

Colored

Single

Widower

Number of children living

Husband of

Thomas Jones

Wife

Father's

Name

John D. Michener

Mother's

Maiden Name

64

Cause of

Primary

Atheroma

Death

Immediate

Hemorrhage of the Brain

How long sick

~~Accident, Suicide, Homicide~~

Reported by

John H. Jones

Address

Rising Sun 2nd.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Thru 6 W W friends'

Name
in
Full

Susannah J Kirk

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date		Month	Day	Years	Months	Days	
of death 1902		Nov	20	Age 38			
Sex		Color or Race		Birthplace			
Female		White		Cecil Co			
Married, Single or Widowed		Occupation					
Married		Housewife					
Name of Wife or Husband							
H H Kirk							
Father's Name		Father's Birthplace					
Edward Jackson		Cecil Co					
Mother's Maiden Name		Mother's Birthplace					
Susannah Gillespie		Cecil Co					
Name of person giving information		How related to deceased					
H H Kirk		Husband					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Tuberculosis	27
Immediate	How long
Manicure	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	J. H. Brown M.D.
	Address
	Woodsaw Md
Accident or Suicide?	



Name
in
Full

Peter Milburn

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Elkton -		County Beebe		MARYLAND	
Date of death 190	2	Month Nov	Day 10	Age	Years 72	Months	Days
Sex Male		Color or Race Cris			Birth- place —		
Married, Single or Widowed Married				Occupation Carter			
Name of Wife or Husband Rebecca Milburn							
Father's Name Peter Milburn				Father's Birthplace			
Mother's Maiden Name Rebecca Gibbs				Mother's Birthplace			
Name of person giving Information Rebecca Milburn				How related to deceased Wife			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Arterio Sclerosis + Nephritis		How long —
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician A. A. Mitchell M.D.
		Address Elkton Md
Accident or Suicide?		

7
9



Name in Full

Certificate of Death

Mr. Jacob Morrison

Feb 1902

Town

County

MARYLAND

Died at Liberty Grove, Cecil Co,

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

11

16

Age

89.

6.

1.

Maryland

Nurse

Male

White

Married

Widow

Divorced

~~Female~~

Colored

Single

Widower

Number of children living

4

Husband of

Mrs Elizabeth Morrison

Wife

Father's

Name

Mr. Robert Morrison

Mother's

Maiden Name

Leticia McElwee

Cause of

Primary

Old age - senility

How long sick

3 months

Death

Immediate

Intra Caputula fracture left

~~Accident, Suicide, Homicide~~

Reported by

S. J. Roman

154

Address

Bonwings • Cecile Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79892



Name
in
Full

Belle Pierce

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>West Annapolis</i>		County <i>Cecil</i>		MARYLAND	
Date of death	1902	Month <i>Nov</i>	Day <i>6</i>	Years <i>26</i>	Age	Months	Days
Sex	<i>Female</i>		Color or Race	<i>Colored</i>		Birth- place	<i>Unknown</i>
Married, Single or Widowed	<i>Married</i>			Occupation	<i>Housewife</i>		
Name of Wife or Husband	<i>Joseph Pierce</i>						
Father's Name	<i>Scribner</i>					Father's Birthplace	
Mother's Maiden Name	<i>May E. Bradshaw</i>					Mother's Birthplace	
Name of person giving In formation	<i>May E. Bradshaw</i>					How related to deceased	<i>Mother</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Phthisis Pulmonalis</i>		How long	<i>16 mos</i>
Immediate	<i>Exhaustion</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician	<i>Howard Branton</i>
			Address	
Accident or Suicide?				



Name in Full

Certificate of Death

Norville Reynolds

701

Died at *Rising Sun* Town *Cecil* County *6th Dist* MARYLAND

Date 1902 *4* Month *14* Day *1* Y. M. D. Native of *Ind* Occupation *—*

Male ☒ White ☒ Married ☒ Widower ☒ Divorced ☒ Number of children living *—*

Husband of

Wife

Father's Name *Garrison Reynolds* Mother's Maiden Name *—*

Cause of Death Primary *Acute Indigestion*

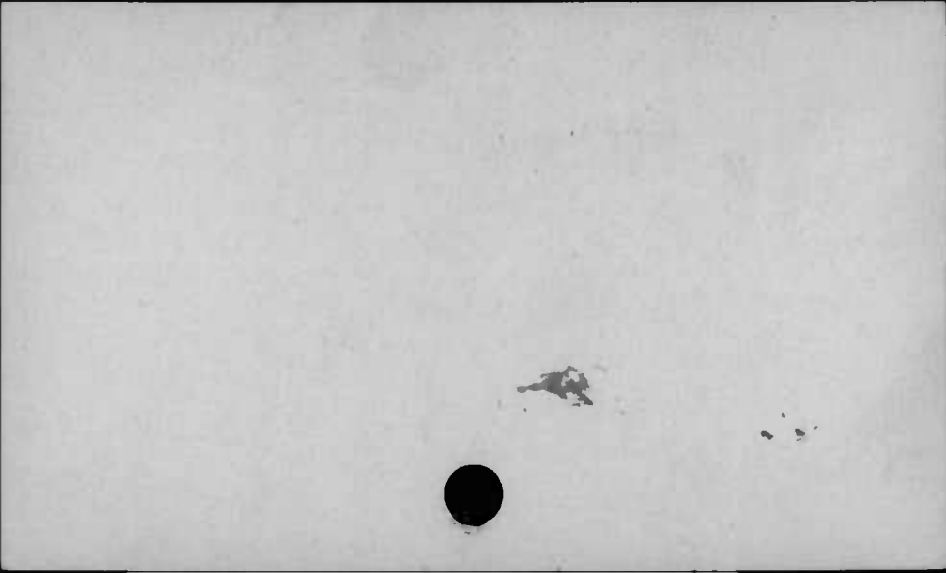
How long sick

*2 days*Death Immediate *Convulsions*

Accident, Suicide, Homicide

Reported by *Leo S. Davis*Address *Bellevue Ind*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

James Scott

CERTIFICATE OF DEATH

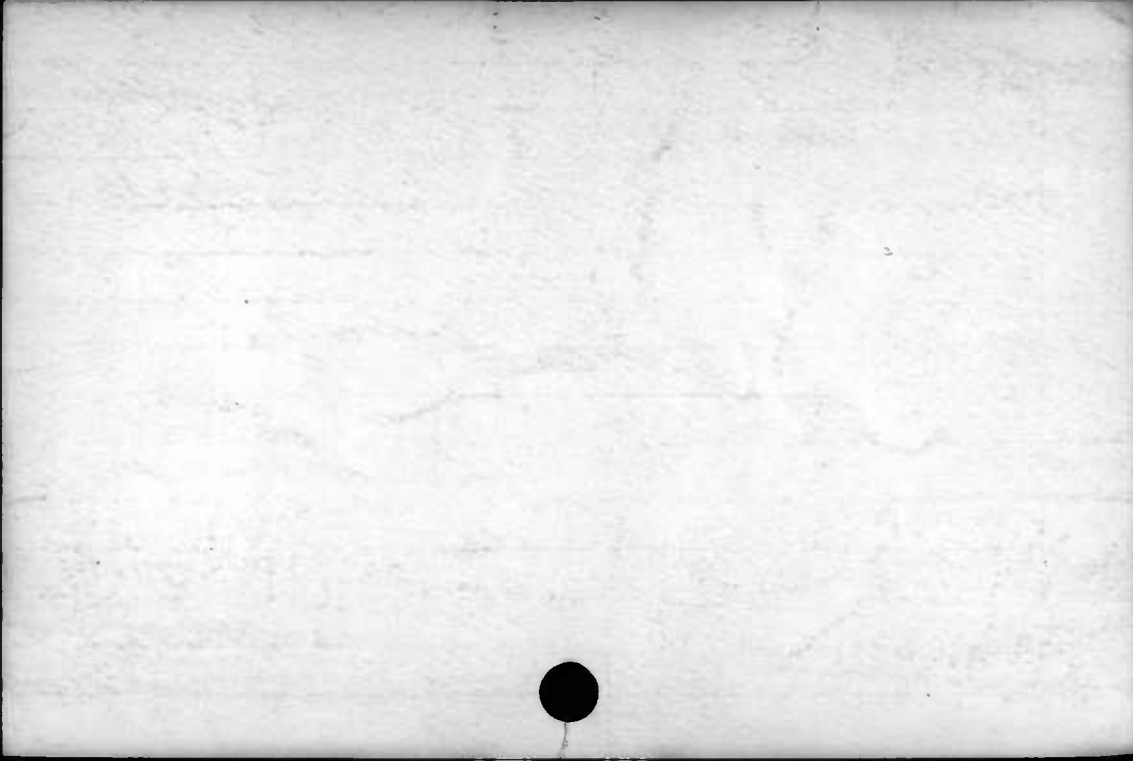
TO BE ANSWERED BY
NEAREST FRIEND

Died <i>at</i> <i>Elkton</i> Town		<i>Cecil</i> County		MARYLAND	
Date of death 190 <i>2</i>	Month <i>Nov</i>	Day <i>4</i>	Age <i>94</i>	Months	Days
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place	
Married, Single or Widowed <i>widower</i>		Occupation			
Name of Wife or Husband <i>Eleanor Johnson</i>					
Father's Name <i>James Scott</i>				Father's Birthplace	
Mother's Maiden Name <i>Elizabeth Gaskin</i>				Mother's Birthplace	
Name of person giving information				How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Old age</i>	<i>154</i>	<i>5 days</i>
Immediate	<i>Gastritis</i>		How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>H. Arthur Mitchell M.D.</i>	
		Address <i>Elkton Md.</i>	
Accident? <i>No</i>			



Name
in
Full

Marion Sentman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Perryville ^{Town} Cecil ^{County} **MARYLAND**

Date of death 1902 Nov ^{Month} 8 ^{Day} Age 5- ^{Years} — ^{Months} — ^{Days}

Sex Male Color or Race White Birth-place Perryville

Married, Single or Widowed — Occupation —

Name of Wife or Husband —

Father's Name Alexander Sentman Father's Birthplace Cecil Co

Mother's Maiden Name Addie Gillespie Mother's Birthplace Cecil Co

Name of person giving information Alexander Sentman How related to deceased Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Marasmus to 179 How long —

Immediate — How long —

Are the name, age, sex, color, date and place correctly given above? —

Signature of Physician Geo. M. Stump

Address Perryville

Accident or Suicide? —

10-2



Name in Full

Certificate of Death

Joshua O'Malley
 Town *near Cher. City* County *Cecil*
 Died at *Cher. City*

MARYLAND

Date *1802* *Nov* *30* Y. *8* M. *3* D. Native of *Massachusetts* Occupation
 Male ☒ White ☒ Married ☒ Widower ☒ Divorced
 Female ☐ Colored ☐ Single ☐ Widower ☐ Number of children living

Husband
 of
 Wife

Father's
 Name

Mother's
 Name

93

Cause of Death { Primary *Croup followed by Pneumonia* How long sick *7 or 8 days*
 Immediate

Accident, Suicide, Homicide

Reported by

Address

Dr J T Wallace
Cher. City Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

CHAYIRIN



Name
in
Full

Walter G Stricker

CERTIFICATE OF DEATH

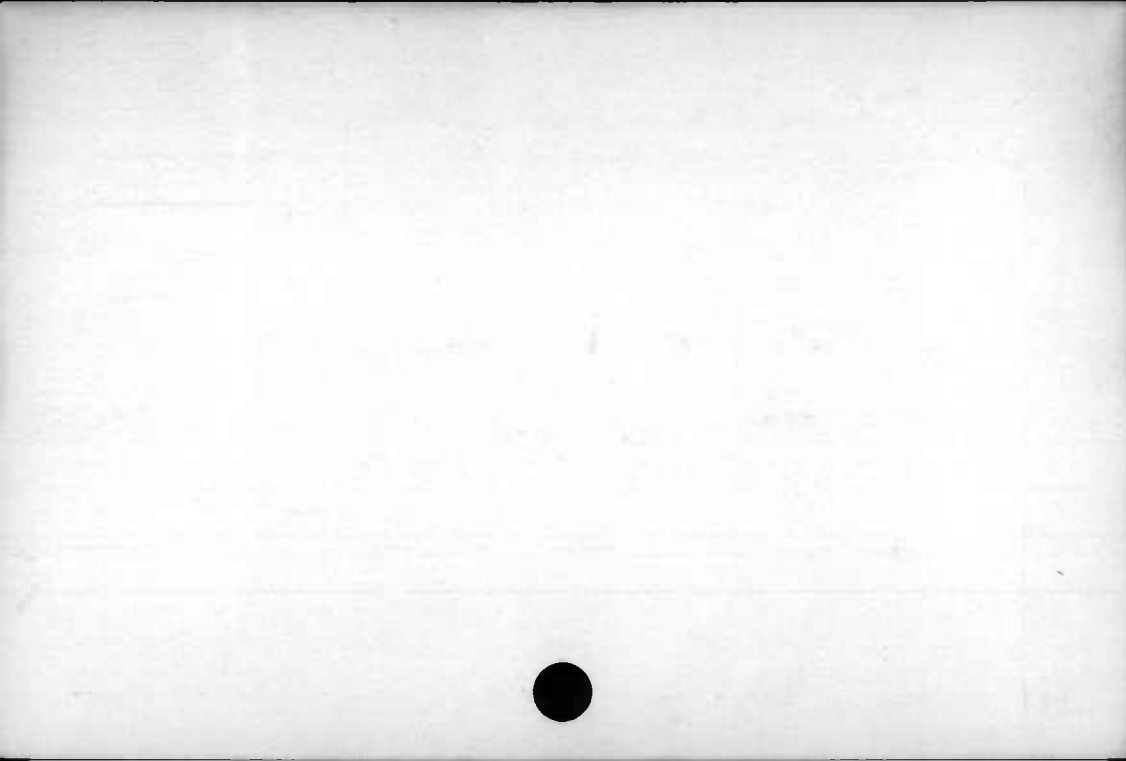
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Principio Furnace</i>		County <i>Cecil</i>		MARYLAND	
Date of death 190 <i>2</i>	Month <i>Nov</i>	Day <i>22</i>	Age <i>28</i>	Months <i>3</i>	Days
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Principio Furnace</i>	
Married, Single or Widowed <i>—</i>			Occupation <i>—</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>Burton Stricker</i>			Father's Birthplace <i>Cecil Co</i>		
Mother's Maiden Name <i>Lula Jackson</i>			Mother's Birthplace <i>" "</i>		
Name of person giving information <i>Burton Stricker</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Consumption</i>	How long
Immediate <i>Transition</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>H. E. Brown M.D.</i>
	Address <i>Principio, Md.</i>
Accident or Suicide?	



Name
in
Full

Augustus Walker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Port Deposit		Cecil Co					
Date	Month	Day	Years	Months	Days		
of death 1902	Nov	21	Age 22	11			
Sex	male	Color or Race	Col.	Birth-place	Cecil Co.		
Married, Single or Widowed	Single		Occupation	Laborer			
Name of Wife or Husband							
Father's Name				Father's Birthplace			
William A Walker				Pa.			
Mother's Maiden Name				Mother's Birthplace			
Emma Finch				Pa.			
Name of person giving information				How related to deceased			
William A Walker				Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Supposed to have been	How long	
Immediate	Killed by Car.	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes.		Dr. D. Cawley M.D.	
		Address	
		Elston	
		Md.	
Accident			

